

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576681

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14			1				64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27			1				77						
28							78						
29							79						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	12	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			14				TOTAL CLAIMS						